SIM PROJECT SUMMARY: Care Transformation Collaborative of Rhode Island: Integrated Behavioral Health

Project Summary

Project Description CTC-RI is leading an adult Integrated Behavioral Health (IBH) PCMH project with ten adult primary care practices through joint funding from the Rhode Island Foundation, Tufts Health Plan and SIM to:

- conduct universal screening for depression, anxiety, and SUD;
- improve access to brief behavioral health intervention for patients with moderate depression, anxiety, SUD, and co-occurring chronic conditions;
- employ a behavioral health staff person (e.g., LICSW) to lead interdisciplinary care coordination for patients with mental health and/or SUD conditions; and,
- test a proposed financial model for long term sustainability with particular attention to ED and inpatient use/total cost of care.

A fundamental component of this project is the provision of training and consultation services by a subject matter expert in the integration of behavioral and physical health care. The subject matter expert is engaging and coaching all the practices, including physician leaders.

Project Goals and Objectives

Goal 1: Reach higher levels of quality through universal screening;
Goal 2: Increase access to brief interventions for patients with moderate depression, anxiety, substance use disorder (SUD) and co-occurring chronic conditions;
Goal 3: Integrate employees with new skills into the primary care practice with the support of on-site IBH practice facilitation services;
Goal 4: Provide care coordination and intervention for patients with high emergency department (ED) utilization and behavioral health conditions;
Goal 5: Increase patient self-management skills; chronic conditions and behavioral health;
Goal 6: Improve interdisciplinary care coordination for patients with severe mental illness and SUD
Goal 7: Determine cost savings that primary care can achieve by decreasing ED and hospital inpatient.

Vendor Information:	State Contact:	Total Funds Leveraged:	Target Populations:
Debra Hurwitz MBA, RN CTC-RI Executive Director DHurwitz@ctc-ri.org 401-519-3921	Marea B. Tumber, OHIC Principal Policy Associate SIM Core Staff Marea.Tumber@ohic.ri.gov 401-462-2144	SIM: $370,000 RIF: $ 600,000 Tufts: $75,000 United: $200,000	10 Primary Care Practices serving 58.000 Adults

Major Accomplishments

Impacts on Healthcare Workforce Transformation

- ✓ Successfully tested the transformation model of providing practices with on-site IBH practice facilitation services, combined with quarterly peer learning network opportunities and practice expectations of meeting service delivery requirements. Practices were able to successfully embed behavioral health clinicians into their practice team and work flows and implement data driven performance improvement plans;
- ✓ Practice IBH transformation scores increased as evidenced by changes in the Maine Health Access Tool
- ✓ Front line primary care staff participated in Mental Health 1st Aid training
- ✓ Expanded the IBH practice facilitation workforce by developing an IBH practice facilitation training program which has resulted in 6 trained IBH practice facilitators; a web-based IBH training program is in the process of development;

Key Metrics and Evaluation Insights

Outcomes Achieved

- Improved Depression, Anxiety and Substance Use Disorder Screening
- Improved Total Cost of Care, ED Visits and Inpatient Utilization

Lessons Learned and Evaluation Insights

CTC conducted a qualitative research evaluation study which included interviews with the practice staff and key stakeholders with the following barriers and recommendations identified:

- Co-pays are a barrier to treatment particularly when patients obtain "same day" care from IBH and Medical provider and when patients have to pay a higher specialist behavioral health co-pay;

Impacts: ☐ Patients ☐ Specialists ☐ Hospital & Long-Term Care Staff ☐ PCPs ☐ State Government ☐ Community Based Organizations ☐ Payers ☐ Community Mental Health Center Staff

- ✓ Worked in partnership with Rhode Island College which resulted in RIC obtaining a HRSA grant to provide training opportunities for 2nd Year Masters in Social Work students; CTC primary care practices are used as field placement sites for MSW students.
- ✓ Worked in partnership with URI to conduct a needs assessment for Psychiatric Nurse Practitioners; URI re-instated its Psychiatric Nurse Practitioner Program

Impacts on Patient Engagement

- ✓ All practices identified patients with chronic medical conditions and behavioral health conditions who might benefit from group interventions
- ✓ Practices selected and tested patient engagement tools such as Diabetes Distress Scale to identify patients who might benefit from group intervention; Patient information from Diabetes Distress Scale helped to inform topics for the group sessions;
- ✓ Some practices changed their approach to assisting patients who experienced high ED usage by implementing patient surveys on why patient used ED instead of calling practice and changed practice systems and staff approach to create a positive, welcoming, accessible practice culture and patient experience

Impacts on Data Capability and Expertise

- ✓ All practices successfully implemented universal screening for depression, anxiety and SUD and progressively increased screening results;
- ✓ Practices successfully utilized the electronic health record to capture and report screening results, create and utilize behavioral health templates to document patient interactions and implement and utilize behavioral health billing codes
- ✓ CTC successfully developed a data management system and provided practices with an easy to use platform to submit screening results
- ✓ CTC successfully utilized the APCD and On Point Analytics to evaluate impact of IBH on total cost of care

Impacts on Population Health

- ✓ Practices successfully used population health approaches to identify patients who experienced high ED usage and had behavioral health needs and implemented performance improvement work plans to better address their needs;
- ✓ Practices successfully used population health approaches to identify patients who experienced chronic conditions and behavioral health needs and implemented performance improvement work plans to better address their needs

- Billing and coding for behavioral health in primary care is difficult to navigate; practices recommended proving them with 6 months "startup" time to prepare for implementation; Recommendations made to consider an alternative payment system for IBH in primary care; Recommend obtaining up-front commitment from systems of care to provide practices with infrastructure support (i.e. EHR, Billing and Coding, recruiting and credentialing behavioral health clinicians;
- There is a need to build the integrated behavioral health workforce;
- Onsite practice facilitation by IBH subject matter expert's supports culture change for successful implementation
- There is a need to address the needs of smaller practices who have patients with behavioral health needs who may not have the capacity to hire on site behavioral health clinicians.

Sustainability Efforts

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RI has established Accountable Entities (Medicaid) and Accountable Care Organizations (Commercial payers) who are developing primary care shared saving opportunities. Systems of care are providing practices with infrastructure support to implement universal screening and hire on-site behavioral health clinicians and are contracting with CTC to provide practices with on-site IBH practice facilitation and peer learning opportunities.
RI Office of the Health Insurance Commissioner (OHIC) has created an IBH Task force whose charge is to make policy recommendations to address barriers to care (i.e. co-pays, having all payers reimburse practices for IBH collaborative care and screening codes).
OHIC is working with health plans to review mental health parity practices and address barrier to care issues.
OHIC has worked with health plans resulting in RI legislature passing bills to reduce BH co-pays to primary care rate and health plans are now required to process credentialing of BH providers within 60 pays.

Project Website and Informational Handouts

IBH "Call for Applications"
IBH Cooperative Agreement
IBH Milestone Document
IBH Measurement Specifications
Sample Compact
Sample IBH Job Description
Plan Do Study Act Performance Improvement Template
Job Description and Call for Applications for IBH Practice Facilitator Training Program

Communications Material and Media Highlights

Article: "*Integrated Behavioral Health Practice Facilitation in Patient Centered Medical Homes: A Promising Application, Families, 2017, Systems & Health*
Article: RI Medical Journal 6/19: "Care Transformation Collaborative of Rhode Island: Building a Strong Foundation for High Quality Affordable Care"

Legislative Bill: 2018 S2540 "An Act Relating to Insurance-Insurance Coverage for Mental Illness and Substance Abuse"

Toolkits and Online Training

IBH Orientation Manual Materials
Return on Investment Calculator
Adult and Pediatric Scheduling Templates
Billing and Coding Guidelines
Practice Facilitator Training Manual
Universal Screening Presentation
Behavioral Health Registries Presentation
Plan-Do-Study-Act Performance Improvement Template
MEHAF Assessment Tool

Evaluation Reports and Presentations

Qualitative Research Study
PCMH Congress Presentation "A Successful Blueprint for integrating behavioral health in primary care"
PCMH Congress Presentation: "Population health meets integrated behavioral health within FQHC"
World Congress Presentation "Advancing Comprehensive primary care: update on integrating behavioral health program"
University of Rhode Island Presentation: "Integrating behavioral health transformation in RI: How the smallest state plans to make the biggest changes"
RI SIM presentation: Integrated Behavioral Health Initiative
Board of Director Report: 2018-19 Strategic Plan Accomplishments
Breakfast of Champions: "IBH Pilot Lessons Learned" 3/10/17

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Disclaimer

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